



Commonwealth of Massachusetts

REGISTRY OF MOTOR VEHICLES



APPLICATION FOR REPLACEMENT SECTION FIVE PLATE

Date: _____ Lost ☐ Stolen ☐ If stolen, police report provided ☐ Yes ☐ No *(a copy must accompany this form)*

Registration Type

Dealer: ☐ Normal ☐ Vanity ☐ Boat ☐ Motorcycle **Repair:** ☐ Normal ☐ Vanity ☐ Farm ☐ Owner/Contractor ☐ Transporter

Plate Number and Letter:

Corporation/Business Name (as it appears on Registration)

Business Address

Business Contact Person

Business Contact Phone Number ()

Insurance Provider

I affirm that all statements herein are true to the best of my knowledge and belief.

Authorizing Signature

Name (if different than Contact Person)

FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT OR BOTH

FEE: \$10.00

For RMV Use Only

Clerk Initials: _____

Registrar's Stamp:

Batch #: _____